FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25355

Registration District No. 2 Primary Registration District No. 3014 Registrar's No. 255

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Rochester Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 56 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew
(c) City or town: Rochester Township
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Grover Cleveland McBeath

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Lillie McBeath

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Aug (Month) 26 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	16	....hr. ....min.

9. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

MOTHER FATHER

12. Name: Wayne McBeath

13. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Lillie McBeath

(b) Address: Savannah Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah Mo.

18. (a) Signature of funeral director: E. C. Breit

(b) Address: Savannah Mo

19. (a) 9-14-48 (Date received by local registrar) (b) Lillean Spark (Registrar's signature) (2)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12 year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-12, 1948 to 8-12, 1948 that I last saw him alive on ....., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Died not see him alive	
Coronary Occlusion	3 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: Dr. E. M. Reynolds (M. D. or other)

Address: Maryville Mo Date signed 8-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....E. L. Breit.....

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.